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SECRETARY OF STATE
AND ANASSEE, FLORIDA

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TO: Registration Section Division of Corporations	
SUBJECT: Premier Coast Property Management LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cedric Griffin Name of Person Premier Coast Property Management, LLC Firm/Company	
Name of Person	
Premier Coast Property Management, LLC	
10245 Centurion Parkway Suite 310	
Addiess	
Jacksonville, Fl 32256	
City/State and Zip Code	<u></u>
Jacksonville, Fl 32256 City/State and Zip Code Rent (a) premier coastreal ty, com Thinail address: (to be used for future annual report notification)	2016 2016
	2016 MAY IT P I: 30 SECNETARY OF STATE. TALLAHASSEE. SLORIDA
O L C AN	SSE T
Cedric Griffin 11,904, 567-6161	To L
Ceuric Griffin Name of Person St (904) 567-6161 Area Code Daytime Tolephone Number	ORIA
	30 0A
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	magement, LLC
(Name of the Limited Liability C (A Florida Lin	oppany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L16000083686</u> .	pany were filed on 04/28/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:	2016 NAY I
(Mailing address MAY BE A POST OFFICE BOX)	EF 37 F
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the hame of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
**************************************	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Aut	nager thorized Member		
Title	Name	Address	Type of Action
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		1403 Pynn Ave Suite 1 Jacksonville, FL 32218	Remove
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fective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to date one: If the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursuant to 605.0
ocument's effective date on the Department of State's records.	,,
record specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
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ated / 194 16	
ated 1794 16 A H //	
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ated May 16 Signature of a particle of authorized re	epresentative of a member

Page 3 of 3

Filing Fee: \$25.00